

Every County Hospital in California Should Print a Yearly Report.—Mention is made of this Los Angeles County Hospital experience because it is typical of what attending staffs in other county hospitals of California also face; on which account we would stress the thought: If the physicians of a county are generous enough to provide an attending staff for their county hospital, and to give to the indigent sick professional services of a value running into thousands of dollars, then the least that the boards of supervisors should do—as an expression of appreciation on the part of the taxpayers—would be to provide in their budgets (now, by the way, in the making for the next fiscal year) for printed reports on the professional work done. That, surely, is not too much to ask as a kindly return token of services willingly and generously rendered.

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County Medical Societies Should Join with Attending Staffs in Petitions for Yearly Printed Reports.—If, then, every county hospital in California brought off the press, each year, such a report, the cause of the public health in California would be materially helped; because detailed reports of that nature must shed much light on methods and problems of mutual interest, especially to Californians. Every county medical society in California may well give this subject its early attention, cooperating with members who are on attending staffs in petitions requesting its boards of supervisors to place this item on their county's budget for the next fiscal year. The time, however, to act on this matter is now—while the budgets are being prepared!

CALIFORNIA MEDICAL ASSOCIATION ANNUAL SESSION: MAY 9-12

On Monday, May 9, the California Medical Association will convene at the Hotel Huntington in Pasadena to begin a series of meetings extending over four days. These meetings and conferences will mark the sixty-seventh annual session of the Association.

The April supplement of CALIFORNIA AND WESTERN MEDICINE gave the complete programs of General Meetings, Scientific Sections and House of Delegates; and printed also the "Pre-Convention Bulletin," which contained the reports of officers and committees that will come up for consideration by the House of Delegates. That body meets on Monday and Wednesday evenings and members of the House should be in their seats by 8 o'clock, in order that the business may be promptly taken up.

Transportation information concerning rail, motor and local car line routes to the Hotel Huntington appeared on page 30. Members who arrive on southbound trains and who have not made other arrangements to leave the train at Glendale will probably find it much more convenient to detrain at the Southern Pacific station at Fifth and Central avenues, Los Angeles. Then, by way of street car or taxi, go to the Pacific Electric station at Sixth and Main streets, where "Pasadena via Oak

Knoll" cars may be boarded. All cars on this route have a regular stop at the Hotel Huntington grounds.

A last thought: It is the hope of the officers of the Association that you will be among those who will register as "present." You are urged to attend, if only for a part of the session.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 362.

EDITORIAL COMMENT†

THE MECHANISM OF INSULIN THERAPY IN SCHIZOPHRENIA

Insulin therapy in schizophrenia promises to negate the previous markedly pessimistic outlook in dementia praecox. Yet there is almost no knowledge of the mechanisms involved. A number of theories have been suggested by Sakel himself, and by others, but little or no corroborative evidence is advanced for the different views. Because of this uncertainty, an investigation of the physiologic effects of insulin in relation to the therapeutic outcome appeals to us as being particularly pertinent.

The physiologic aspects might be classified as follows: (1) primary functions, namely, glycogen storage and increased tissue oxidation; (2) low blood sugar, with its resultant deprivation of nourishment of the brain—here might also be considered the effects of the compensatory epinephrin secretion said to occur in hypoglycemia; (3) "shock effects" from prolonged aglycemia; and (4) secondary effects from increased caloric intake, and improved intestinal absorption and assimilation, such as fat deposition. We shall concern ourselves at present chiefly with the first consideration.

Clinically, one thinks of the action of insulin largely in terms of reduction of the blood sugar, since hypoglycemia is the outstanding effect in the normal person. However, the hypoglycemia is a secondary rather than primary physiologic feature. The primary actions of insulin in the nonpathologic state are not absolutely established. Authorities state that insulin leads to the storage of glycogen in the liver and possibly in the muscles. There is some question of enhancement of oxidation in the peripheral tissues. These primary activities deplete the blood stream of its sugar. Presumably, the initial functions are not abolished when hypoglycemia is prevented by increased carbohydrate administration.

The question comes to mind as to whether or not these primary functions are significant in insulin

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.